

# HEALING HANDS CHIROPRACTIC

## Financial Policy

### Insurance

If you have insurance, we will do our best to help you receive maximum benefits. Insurance is a contract between you and your insurance company. We are not a party to this contract. When possible, we will call your insurance company to verify your benefits. However, the benefits quoted to us by your insurance company are not a guarantee of payment. Through a third-party billing company, we will file insurance claims to your insurance carrier(s) if you have supplied us with all the necessary information. Our office will not become involved in disputes between you and your insurance company regarding deductibles, copayments, covered charges, secondary insurance, "usual and customary" charges, etc., other than supply factual information as necessary. You are responsible for the items listed above as well as any services considered "not medically necessary" by your insurance company. We participate with most insurance companies; however, if we do not participate with your insurance company, you are responsible for all out of network deductibles and copays.

Your copayments are due at the time of your visit as required by your insurance company.

### Referrals/Preauthorizations

If your insurance requires a referral and/or preauthorization for services, you are responsible for obtaining it. Failure to obtain a referral or preauthorization may result in lower or no payments from the insurance company. You would be responsible for any unpaid balances. You are ultimately responsible for knowing your insurance benefits.

### Medicare

We do accept assignment from Medicare. Medicare pays 80% of the allowable fee after your deductible has been met. **Medicare will cover the chiropractic adjustment only and for active conditions.** Medicare does not cover chiropractic adjustments for maintenance or additional modalities or therapies. Medicare supplemental policies will cover only those charges that Medicare also allows. You are responsible for your Medicare deductibles and all coinsurance.

### Cash Services

We request that 100% of payment is made at the time of service unless prior arrangements have been made. If your situation requires that you are a self-pay patient (e.g., you have no insurance, your chiropractic health insurance benefits have been exhausted), please inquire with the front desk about our cash services policy.

### Workers Compensation

If you are injured on the job, your care may be paid for under your employer's Worker's Compensation insurance. You will need to inform your employer of the accident and obtain the name and address of their insurance carrier. If your claim is not allowed, you will be responsible for all charges accrued during your care. Additionally, please let us know if you are currently working with an attorney.

### Personal Injury

Please notify your auto insurance of your visit to our office immediately. Although you are ultimately responsible for any charges accrued during your care, we will wait for a settlement of your claim for up to 6 months after your care is completed. Once the claim is settled or if you suspend or terminate care all fees for services are due immediately. Additionally, please let us know if you are currently working with an attorney.

### Financial Hardship

It is unlawful to routinely waive/fail to collect or discount copayments, deductibles, coinsurance or other patient responsibility payments per the federal false claims act, federal anti-kickback statute, state and federal insurance fraud laws. It is also a violation of our managed care contracts. If you have a true financial hardship, please notify the front desk staff. You will need to provide appropriate documentation that shows you are unable to pay medical bills. All information relating to financial hardship requests will be kept confidential.

Please be advised that in the event that you accrue a balance on your account, you, the undersigned patient, agree that you shall be personally responsible for the total amounts due to Healing Hands Chiropractic, including the principle and any interest, collection costs and attorney's fees (33 1/3% for their services), until the balance is paid in full.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_